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STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

) DURABLE POWER OF ATTORNEY
)

FROM: GONZALES Q. WADDY
TO: CYNTHIA WADDY

KNOW ALL MEN BY THESE PRESENTS THAT I, **GONZALES Q. WADDY**, the undersigned, a resident of Charleston County, South Carolina, have made, constituted, and appointed and by these presents do make, constitute, and appoint my wife, **CYNTHIA WADDY**, as my true and lawful attorney-in-fact to handle my affairs and manage my estate. If the agent named above dies, becomes legally disabled, resigns, refuses to act, or becomes unavailable for any reason, I name the following person as alternate attorney-in-fact, my daughter, **MARVETTE P. WADDY**. In the event that my wife, **CYNTHIA WADDY**, or my daughter, **MARVETTE P. WADDY** becomes legally disabled, resigns, refuses to act, or becomes unavailable for any reason, then I name my son, **GONZALES Q. WADDY, JR.**, as attorney-in-fact.

My attorney-in-fact is authorized to do the following:

1. Perform all and every legal act, deed, matter, and thing whatsoever about my estate, and my affairs as I might or could do if I were personally present and able to do so;
2. Properly receive, manage, protect, or otherwise handle any property, both real and Personal, that I now own or may acquire in the future;
3. Receive all monies for me, endorse and deposit all of my checks, sign checks in my name or withdraw money from my account, and use my money for my personal needs in any amount for any purpose he/she deems best; and

[Signature]
[Signature]
[Signature]

RECEIVED

at 2 O'clock 22 min. P M

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United States Bankruptcy Court
Columbia, South Carolina

4. Make decisions regarding my general welfare, including my medical treatment and living arrangements.

The specific duties listed above are not a limitation on the authority of my attorney-in-fact that he/she is granted permission to do any legal act on my behalf and for my benefit pursuant to this **Durable Power of Attorney**.

I AGREE to be bound by whatever my attorney-in-fact does while acting in my interest and pursuant to this **Durable Power of Attorney** and will not hold anyone responsible who acts upon the authority granted him/her in this **Durable Power of Attorney**.

This **Durable Power of Attorney** shall not be affected by any physical disability or mental incompetence of myself which might render me incapable of managing my own estate; it being my express desire that my attorney-in-fact be able to act so long as I might live, regardless of my mental or physical condition. This **Durable Power of Attorney** shall become effective upon being signed by me and shall remain in effect and force until it is revoked by me in writing, the attorney-in-fact has resigned or a conservator and/or guardian has been appointed for me by a court of competent jurisdiction.

Authorization to receive private health information under HIPAA.

My Agent is fully authorized and empowered to execute any documents on my behalf consenting to the release of confidential or private health information pursuant to HIPAA. My Agent may request and any provider release, at the request of my agent:

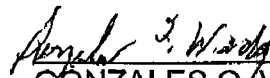
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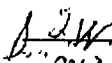
- 1) Any information relating to my condition at whatever time and under whatever circumstances may be in existence at the time of the request;
- 2) Any information relating to my medical history, including but not limited to: prescriptions, physicians' records, laboratory results, x-rays and other such information compiled and maintained by any physician, hospital, laboratory or insurance company;
- 3) My Agent is authorized to receive and make use of any information received in any way that is, in his/her absolute discretion, in my best interest;

This authorization shall continue in effect until revoked by me and shall not be affected by incapacity.

No person who may act in reliance upon the representations of my attorney-in-fact for the scope of authority granted to the attorney-in-fact shall incur any liability as to me or to my estate as a result of permitting the attorney-in-fact to exercise this authority, nor is any such person who deals with my attorney-in-fact responsible to determine or ensure the proper application of funds or property.

IN WITNESS WHEREOF, I have executed this **Durable Power of Attorney** on this 17th day of May, 2010, and I have directed that photographic copies of it be made, which shall have the same force and effect as an original.


GONZALES Q/WADDY



ms

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

ATTESTATION

This Durable Power of Attorney was signed, sealed, published, and declared by GONZALES Q. WADDY, as his appointment and empowerment of an attorney-in-fact, and the witnesses hereto, in the presence of each other and of the principal, have hereunto subscribed our names as the attesting witnesses hereto on the date and year written above.

[Signature] of SOUTH CAROLINA LEGAL SERVICES
2803 CARNER AVENUE, NORTH CHARLESTON, SC 29405

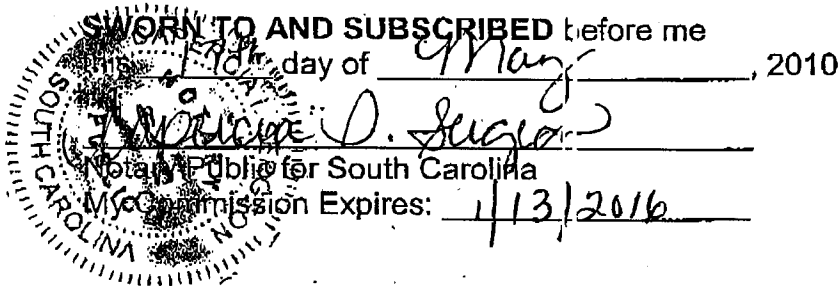
Jane N. Staley of SOUTH CAROLINA LEGAL SERVICES
2803 CARNER AVENUE, NORTH CHARLESTON, SC 29405

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

PROBATE

PERSONALLY appeared before me, miriam walker and Jane^N Staley made oath that he/she saw the within-named Gonzales Q. Waddy sign, and seal, and as his/her act and deed deliver the within-written Durable Power of Attorney and that he/she, with the other witness above, subscribed and witnessed the execution thereof.

[Signature]



[Signature]
[Signature]
[Signature]